

## GEORGIA DEATH CERTIFICATE

State File Number 2019GA000079338

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) <b>THOMAS AVERY RAVEN</b>		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX <b>MALE</b>	2a. DATE OF DEATH (Mo., Day, Year) <b>ACTUAL DATE OF DEATH 11/15/2019</b>
3. SOCIAL SECURITY NUMBER <b>252-96-2173</b>	4a. AGE (Years) <b>52</b>	4b. UNDER 1 YEAR Mos. Days Hours Mins	4c. UNDER 1 DAY	5. DATE OF BIRTH (Mo., Day, Year) <b>11/17/1957</b>	
6. BIRTHPLACE <b>GEORGIA</b>	7a. RESIDENCE - STATE <b>GEORGIA</b>	7b. COUNTY <b>HALL</b>	7c. CITY, TOWN <b>GAINESVILLE</b>	7e. ZIP CODE <b>30507</b>	7f. INSIDE CITY LIMITS? <b>NO</b>
7a. STREET AND NUMBER <b>1843 TULIP DRIVE</b>	8a. USUAL OCCUPATION <b>DISABLED</b>		8b. KIND OF INDUSTRY OR BUSINESS <b>DISABLED</b>		8. ARMED FORCES? <b>NO</b>
9. MARITAL STATUS <b>NEVER MARRIED</b>	10. SPOUSE NAME		11. FATHER'S FULL NAME (First, Middle, Last) <b>WILLIE JAMES RAVEN</b>		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) <b>EDNA SINGLETON</b>	13a. INFORMANT'S NAME (First, Middle, Last) <b>ARIEL MCCLENDON</b>		13b. RELATIONSHIP TO DECEDENT <b>DAUGHTER</b>		
13c. MAILING ADDRESS <b>5307 DEER LANE ATLANTA GEORGIA 30291</b>		14. DECEDENT'S EDUCATION <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) <b>BLACK OR AFRICAN-AMERICAN</b>			
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) <b>NURSING HOME-LONG TERM CARE FACILITY</b>			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) <b>PRUITT HEALTH OF MACON</b>		19. CITY, TOWN or LOCATION OF DEATH <b>MACON</b>		20. COUNTY OF DEATH <b>BIBB</b>	
21. METHOD OF DISPOSITION (specify) <b>BURIAL</b>	22. PLACE OF DISPOSITION <b>ROCK SPRINGS CAMPGROUND CEMETERY 697 SKITTS MOUNTAIN ROAD CLEVELAND GEORGIA 30528</b>		23. DISPOSITION DATE (Mo., Day, Year) <b>11/25/2019</b>		
24a. EMBALMER'S NAME <b>PATRICK S. WARD</b>	24b. EMBALMER LICENSE NO. <b>4421</b>	25. FUNERAL HOME NAME <b>MEMORIAL PARK NORTH - RIVERSIDE</b>			
25a. FUNERAL HOME ADDRESS <b>989 RIVERSIDE DRIVE GAINESVILLE GEORGIA 30504</b>		26b. FUN. DIR. LICENSE NO. AMENDMENTS <b>2805</b>			
26a. SIGNATURE OF FUNERAL DIRECTOR <b>JERRY WARD</b>		27. DATE PRONOUNCED DEAD (Mo., Day, Year) <b>11/19/2019</b>			
28. HOUR PRONOUNCED DEAD <b>18:00 MILITARY</b>		29b. LICENSE NUMBER <b>RN085964</b>		29c. DATE SIGNED <b>11/19/2019</b>	
29a. PRONOUNCER'S NAME <b>Larry PRENTICE Tucker</b>		30. TIME OF DEATH <b>18:00 MILITARY</b>			
31. WAS CASE REFERRED TO MEDICAL EXAMINER <b>NO</b>		32. Part I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>A. CARDIO PULMONARY ARREST</b> <b>B. CHRONIC RESPIRATORY FAILURE</b> <b>C. QUADRIPLEGIA SECONDARY TO ACCIDENT</b> <b>D. CONGESTIVE HEART FAILURE</b>			
33. WAS AUTOPSY PERFORMED? <b>NO</b>		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <b>UNKNOWN</b>			
35. TOBACCO USE CONTRIBUTED TO DEATH <b>NO</b>		36. IF FEMALE (range 10-54) PREGNANT <b>NOT APPLICABLE</b>		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>ACCIDENT</b>	
38. DATE OF INJURY (Mo., Day, Year) <b>05/01/2019</b>	39. TIME OF INJURY <b>21:35 MILITARY</b>	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) <b>I-985 NEAR FRIENDSHIP ROAD</b>		41. INJURY AT WORK? (Yes or No) <b>NO</b>	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County) <b>I-985 INTERSTATE HIGHWAY BUFORD GEORGIA 30518 GWINNETT</b>		43. DESCRIBE HOW INJURY OCCURRED <b>MOTOR VEHICLE ACCIDENT STRUCK ANOTHER VEHICLE IN REAR</b>			
44. IF TRANSPORTATION INJURY <b>YES</b>		45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) <b>JAVED FAZAL, MD, 057467</b>			
46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)		47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>JAVED FAZAL 1860 WATSON BOULEVARD WARNER ROBINS GEORGIA 31093</b>			
48a. DATE SIGNED (Mo., Day, Year) <b>12/20/2019</b>	48b. HOUR OF DEATH <b>18:00 MILITARY</b>	49a. DATE SIGNED (Mo., Day, Year)		49b. HOUR OF DEATH	
49. DATE FILED - REGISTRAR (Mo., Day, Year) <b>12/23/2019</b>		48. REGISTRAR (Signature) <b>/s/ CHRISTOPHER JP HARRISON</b>			

PLAINTIFF'S  
EXHIBIT

3

683996



*Mr. Thomas Avery Raven*  
*November 17, 1957 ~ November 19, 2019*



*In Loving Memory*



On behalf of the family of  
*Mr. Thomas Avery Raven*  
We would like to thank you for your attendance and  
kind expressions of sympathy

Order of Service

<i>Prelude – CD</i>	<i>Two Wings, Christianairs</i>
<i>Musical Selection –</i>	<i>Isaiah Singleton</i>
<i>Scripture –</i>	<i>Old Testament</i>
	<i>New Testament</i>
<i>Musical Selection –</i>	<i>Doug Jackson</i>
<i>Remarks limited to 2 Minutes</i>	
<i>Obituary read in silence</i>	
<i>Eulogy –</i>	<i>Rev. James Singleton</i>
<i>Recessional –</i>	<i>Going up Yonder CD</i>
<i>Go to Cemetery for Interment</i>	
<i>Repass at the funeral home</i>	

*"Small Enough to Know You, Large Enough to Serve You"*  
*Memorial Park Funeral Home*  
*North Riverside Chapel*  
*989 Riverside Drive*  
*Gainesville, Georgia 30501*  
*770-297-6200*



Mr. Thomas Avery Raven of Gainesville, Georgia age 62, passed away Tuesday, November 19, 2019 in Macon, Georgia.

Funeral services will be held at 1:00 pm Monday, November 25, 2019 at Memorial Park North Riverside Chapel with interment to follow in Rock Springs Campground Cemetery, Mossy Creek, White County, GA. The family will receive friends from 6 to 8 pm Sunday, November 24, 2019 at the funeral home.

Thomas was born in Gainesville, Georgia on November 17, 1957 he is the son of Edna (Singleton) Raven Dorsey and the late Willie James Raven. He is also preceded in death by his son, Carlos; step-father, John C. Dorsey, Sr. brothers, Larry Raven, Tracy Raven, Tim Raven and a sister, Laurae Dorsey.

Thomas is survived by his mother, Rev. Edna Dorsey; his children, Enrico, Avery, Kimberly, Ariel and Tleah; 11 grandchildren; brothers, Harry Raven and Anthony Raven; sisters, Karen Ware (Todd) and Eleanor Stringer (David); aunts, Mrs. Marietta Jackson and Maudell Singleton. He is also survived by his loving companion, Cassonya Pugh. He is also survived by a number of nieces, nephews and other family and friends.

Thomas was the 4<sup>th</sup> of 9 children. He attended East Hall High School and White County High School. He also attended North Georgia Technical College in Clarkesville. He enjoyed traveling and fast cars.

Memorial Park Funeral Home North Riverside Chapel, 989 Riverside Dr. is in charge of arrangements.  
Send online condolences to [www.memorialparkfuneralhomes.com](http://www.memorialparkfuneralhomes.com).



Mr. Thomas Avery Raven

Date of Birth  
November 17, 1957  
Gainesville, Georgia

Date of Death  
November 19, 2019  
Macon, Georgia

Funeral Service  
Monday, November 25, 2019 at 1:00 pm  
Memorial Park North Riverside Chapel

Interment  
Rock Springs Campground Cemetery  
Mossy Creek, White County, Georgia

Age  
62 years  
00 month(s)  
02 days

Pall Bearers  
Nephews and Cousins  
Flower Girls  
Nieces and Cousins